MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043177
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

Registration District No. 57 Primary Registration District No. 4092 Registrar's No. 197

FILED DEC 10 1963

ITEM NO.	SHOULD READ	DATE AMENDED
1	6192	
2	38150	
3	2	
4	1	
5	0	
6		
7	1	
8	2	
9	331x	
10		
11		
12	1-0	
13	2-0	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY Cass
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Harrisonville
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cass Co. Memorial Hospital Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
a. STATE Kansas b. COUNTY Cherokee
c. CITY OR TOWN Baxter Springs Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First MAY Middle Last CRAMER
4. DATE OF DEATH Month Dec Day 2 Year 1963
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married X Widowed ☐ Divorced ☐
8. DATE OF BIRTH Apr 8 1875
9. AGE (last birthday) 88 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or country) Athens Ohio
12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME Selden M Cramer
13b. MOTHER'S MAIDEN NAME Hannah McClung
14. NAME OF HUSBAND OR WIFE ✓
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates
16. SOCIAL SECURITY NO.
17. INFORMANT Address Jean James Harrisonville Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause p
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis
DUE TO (c) Senility
INTERVAL BETWEEN ONSET AND DEATH 2 weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female wa there a pregnancy in last 90 day ☐ Yes ☐ No ☐ Unknow

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from March 1954 to Dec 2-63 and last saw her alive on Dec 2, 1963
Death occurred at 2:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Howard S Jones MD
22b. ADDRESS Harrisonville, Mo
22c. DATE SIGNED 12-2-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Dec 6 1963
23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery
23d. LOCATION (City, town, or county) Lawrence (State) Kansas

24. FUNERAL DIRECTOR ADDRESS Sunnenburgers Harrisonville Mo
25. DATE RECD. BY LOCAL REG. 12-4-63
26. REGISTRAR'S SIGNATURE Ray J Lebrec

(Licensed Embalmer's Statement on Reverse Side)

JAN 5 1964

JAN 9 1964

FEB 11 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ernest Rennenburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.